

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

125933
1971

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1971

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether
In this community unknown
years, months or days)

3. (a) PRINT
FULL NAME

Etta Cooke

3. (b) If veteran,
name war no

3. (c) Social Security No.

Do not know

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married,
divorced widowed
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if
alive June 15 1971 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 21 If less than one day
hr. min.

9. Birthplace Tenn (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Columbus Bruce
13. Birthplace Tenn (City, town, or county) (State or foreign country)
14. Maiden name Sara Hulsey
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Cooke
(b) Address 300 Woodland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Cahoon Mo

18. (a) Signature of funeral director Passantino Bros
(b) Address 112 E My
19. (a) 5-8-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 500 Woodland
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1948 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from
April 23 1948 to May 6 1948
that I last saw h. er alive on May 6 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease
Congestive failure

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Wm W. Hart (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 5-7-48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. Barry

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Francis Walton*
Licensed Embalmer No. *27-44*
P.O. Address *K. C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.